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SMALLBURGH
RURAL DISTRICT COUNCIL.

●

ANNUAL REPORT

of the

Medical Officer of Health including the report of the Senior Public Health Inspector

for the

Year 1958

Elsworth Bros. Ltd., Leeds-10. 84416

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1958-1959

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HEALTH DEPARTMENT

1958

Medical Officer of Health

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.
Telephone: Norwich 22288.

Surveyor and Senior Public Health Inspector

Norman F. Cripps, F.A.L.P.A., M.R.S.H., A.I. Hsg., Cert. S.I.B.

Additional Public Health Inspectors

A. E. Ford, Cert., R.S.I.
P. F. Brooks, Cert. S.I.B. (appointed 1.4.58).

SMALLBURGH RURAL DISTRICT COUNCIL

Council Chambers,
Stalham,
Norwich.

To the Chairman and Members of the
Rural District Council.

Ladies and Gentlemen,

I have the honour to present the Annual Report for the year 1958. This is the 11th Report to be presented since the coming into force of the National Health Service Act, 1946.

"Half a century ago, the then reigning monarch made the well known enquiry, 'If preventable, why not prevented ?' Thus was reflected the optimism, assurance and belief in continued progress of the age."

This was the opening paragraph of an article by Dr. Thomson of the Ministry of Health entitled "The Changing Pattern of Disease." I propose to make use of some information from that article for this introduction to the Annual Report on the Health of the District for 1958.

No apology is necessary for including in this account of the health of the district, a survey of the nation's health over a number of years. Apart from its general interest, knowledge of the whole is necessary to understand properly the part. Listeners to the B.B.C. breakfast magazine "To-Day" may remember the statistician talking about the number of girl and boy babies born. He said that more boys were born than girls. He then got into considerable difficulties because weekly reports from a large maternity hospital gave a considerable excess of girls. This was because the sample was too small. In medicine as in other disciplines, this danger must be constantly borne in mind. Because one or two patients get better with a particular treatment, this does not prove its worth—many other factors may be operative.

A look into the past may be interesting. It loses much of its value if it does not help us to orientate ourselves in the present and for the future. Public Health work to-day is concerned so much with routine work—recently the Doctors in the service so much with injections, and the clerical staff with their organization and arrange-

ment—that although there have been many other duties to do there seems to have been little time for thought. Public Health Inspectors probably feel the same about meat inspections.

King Edward VII, in the remark quoted above, was referring to tuberculosis. Progress in that field since then has justified his optimism. Let us look at some other scourges of the past and in order to do so divide life into 5 age groups:

(1) The pre-school child
(2) The school child
(3) Adolescent and young adult
(4) Middle age
(5) Old age

First, however, let us consider progress generally in the health field in the first half of this century. Indication of this improvement is the increase of life expectancy. In 1906 it was for males at birth, 50, and for females, 53 years; the corresponding figures in 1955 were 68 and 73 years respectively. These figures reflect the great advance which has taken place especially in infant care.

With the falling rate has come a marked change in the relative importance of the various causes of death. Besides a decline in infant and maternal deaths there has been a greatly decreased risk from infective diseases. No longer are epidemics a major threat to young life and with the resultant shift in age distribution, other diseases are assuming greater relative importance. Notable amongst these are neo-plasms or new growths, which have increased three fold in importance, vascular lesions of the central nervous system, and cardiac disease which has now over a quarter of all deaths ascribed to it. In the nation's mortality this last category now occupies the predominant place taken by communicable disease at the beginning of the century.

All through this century male mortality at all ages has exceeded females, except in the earliest years, when in school life the death rate in girls was higher due largely to the greater toll from tuberculosis. This sex disparity, most marked in middle age, has increased and now the male mortality rate in the age group 45 to 64 years is 75 per cent greater than the female.

To deal now with

(1) Pre-school child.

Diarrhoea and Epidemic Diarrhoea were most commonly given as the cause of death in infants at the close of the last century and the beginning of this. Since then this disease has declined steadily, except for sharp outbreaks during the hot summers of 1911 and 1921. The cause of this summer diarrhoea is unknown and it seems probable that the infantile diarrhoea of the present day, with its high incidence in winter may be of different causation.

Pneumonia and bronchitis are still, as in 1906, of importance as causes of death, particularly in the first 12 months of life. On the other hand, congenital malformations have greatly increased in relative importance since then. Over one-third of the deaths in this category are due to heart defects.

Convulsions, tuberculosis and measles have ceased to be leading causes of death in the pre-school child, being replaced by accidents and violence, and neo-plasms. On a detailed analysis it is found that one quarter of the accidental deaths are at present due to inhalation of food causing suffocation; leukaemia is responsible for 40 per cent. of the deaths classed as neo-plasms.

(2) School child.

This age group has by far the lowest death rate of those under review and has most benefited from the sharp decline in the influence of the infectious diseases. Apart from the disappearance of the common infections as a cause of death, the most striking changes are the sharp decline in importance of tuberculosis and the dominant parts now played by the two causes, accidents and violence, and neo-plasms which between them are responsible for about one half of all deaths. At present nearly half the accidental deaths in both sexes involve motor vehicles.

(3) Adolescence and Younger Adult.

The main feature here is the much decreased mortality from tuberculosis which in 1906 accounting for one third of all deaths was by far the most important disease. Neo-plasms form the only category in which the death rate has increased and it has taken the place of tuberculosis as the leading cause of death. Better hygienic conditions and modern care are reflected in the disappearance of enteric fever and puerperal sepsis as leading causes of death, whilst a newcomer to the list of major diseases is the classification made by all maladies of the stomach and duodenum, amongst which duodenal ulcers affecting males in particular are by far the most common.

(4) Middle age.

In this age group, the chief change which has occurred in the past half century is the increasingly large proportionate contribution made to mortality by the three main groups—neoplasms, cardiac disease and vascular lesions of the central nervous system. The mortality rates from these causes have declined comparatively little and now they account for almost two-thirds of all deaths.

The decline in mortality from tuberculosis has made the chief contribution to the group's better health, helped by the disappearance of infections of the kidney and liver as major diseases. As in the previous group diseases of the stomach and duodenum have assumed greater importance.

At the beginning of the century the mortality rate in males from 45 to 64 was 29 per cent. greater than in females of the same age group; this has now increased to 74 per cent. On detailed examination it is found that the leading diseases have been responsible for this widening differentiation.

(5) Old age.

With the improvement of the nation's age, this age group has become numerically much more important. For whereas in 1906 only approximately one person in every twenty was over 65 years of age, now the ratio is one in every 10. Although the difference in the death rates in the sexes is not so marked as in middle life, the male ratio has become proportionately greater in the past 50 years. A precise comparison in the causes of death in the elderly in the two periods is not possible, since at the beginning of the century over one-fifth of the total were certified as due to the ill-defined "old age". At present the chief causes of mortality are similar to those of middle age.

What lessons can be drawn from this survey ? It would at first sight appear that the emphasis on Infant Welfare work should be transferred to a later age group, middle age, but is this really so, or should we look for the seeds of disease in infancy or even in the womb ? So far as mental health is concerned this is certainly so, for the most important factor for mental health throughout life is a healthy emotional relationship between the mother and her baby. This is not to say that we have reached the limit of what we can do for the physical health of infants, and perhaps the most easily effected improvement in infant health will be achieved if adults can appreciate the danger of transmitting respiratory infection to the very young.

Infant Welfare Clinics have received some criticism in recent years and it has even been suggested that their day is past. In fact, however, with the mothers themselves, they are more popular each year. It is, of course, very important that there should be no conflict of advice between that given by the clinic doctor and the patient's family doctor.

The decline in the infections probably helped by a variety of factors has led to the major advance in the health of the school child. A reduction of the number of accidents now offers the most immediate prospect of improvement in this group and further benefit would be achieved if the emerging virus infections could be controlled.

Between 15 and 44 years the decline in tuberculosis has made the major contribution to the fall in the death rate, but despite notable advances in its control, it has not yet been conquered and

still causes much ill health. As with other infections, many fundamental problems remain to be solved. For example, the reasons for the high resistance and low death rate in the age group 5 to 15 years manifest in 1906 as to-day, is still unknown.

By contrast with the three youngest age groups, the trend in the middle age group, 45 to 64 years, has been much less satisfactory, especially in the case of males. It is the betterment of the physical lot in this section of the population that now challenges preventive medicine. The reason for their chief causes of death requires much thought and research, particularly epidemiological studies, that is, consideration of the experience of large numbers of individuals over a period of time.

A cause of much chronic minor ill health is rheumatoid arthritis and here again knowledge of its causation is very scanty.

The Registrar General estimated the mid-year population as 18,110 compared with 18,130 in 1957. There were 235 live births and 207 deaths giving a natural increase of 28. An adjusted birth rate is 14.92 per thousand of the population and the adjusted death rate 10.28. The figures for England and Wales respectively are 16.4 and 11.7. The principal causes of death in 1958 were again cardiovascular disease and the various cancers. Throughout the country as a whole cancer of the lung still presents an enormous problem and there has been no evidence produced to displace heavy cigarette smoking over a long period as the most important factor in its causation.

Work continues on the causes of coronary thrombosis and the protective value of exercise, together with the danger of overeating, particularly fatty foods, seem to be becoming established.

It has been shown that the danger from tuberculosis is now much less than it used to be at most periods of life. Modern methods of treatment and improvement in the standard of living—including better nutrition, housing and hygiene—have combined to produce this happy result, and a decreasing natural virulence of the tubercle bacillus is probably also a factor.

The disease is not yet eradicated, however. A reservoir of infection still persists in elderly people with unsuspected disease, particularly elderly men, who may have been suffering from a chronic cough thought to be due to bronchitis, for a long time. Some of these cases may be due to tuberculosis and this possibility should be borne in mind, and receive adequate investigation. It would be advisable to have a chest x-ray taken of all elderly people entering hospital or a home, if there is any possibility of this complaint being present. This measure would obviate much concern and work later on.

B.C.G. Vaccination against Tuberculosis is now carried out by Medical Officers of the Health Department on those school leavers who are shown by test to be suitable for it, and by Medical Officers of the Chest Clinic on contacts of cases. In the Annual Report for 1957, of the County Medical Officer, the Chest Physician, Dr. A. H. C. Couch says that he hopes it will not be long before frequent tuberculin tests will be a routine part of all school medical examinations, not merely those of leavers. The knowledge of a recent tuberculin conversion should be a signal for a determined effort to find the source of this conversion, which in most instances will be in the restricted environment of the school child. Dr. Couch adds that there has been some improvement in the rehousing of tuberculous families, but the lack of easy transfer to areas where suitable employment can be found is still a considerable hardship in the resettlement of tuberculous patients. Also, "the difficulties met with in helping the treated patient to get back to work are still very formidable and present some of the most difficult aspects of the complete treatment of the tuberculosis patient. Patients who have a suitable job to return to, or who have previously worked for a large organisation which can offer suitable work are fortunate, but for the majority of patients the search for suitable work is a long and frustrating one and it is disappointing that the Disablement Resettlement Officers of the Ministry of Labour are unable to help a large number of such patients."

Since 1955, the District has been a Specified Area in which only Specially Designated milk may be sold, that is pasteurised, tuberculin tested or sterilized milk. As has been pointed out previously, there is still a loop-hole by which infected raw milk may be drunk when milk from a "house cow" is used by the owner or his employees. Veterinary surgeons of the Ministry of Agriculture are in process of testing all cattle within the area, which for their purpose is known as an Eradication area for infection with tuberculosis. All those found to be infected are being eliminated and it is hoped that by the end of 1959 the Area will be an Attested Area in which all the cattle have been tested. Testing will then proceed at periodic intervals, but there is still one possible loop-hole and danger of infection of milk. This is if a person suffering from tuberculosis is employed as a milker. He might then infect the cattle or the milk between the periodical tests carried out by the Ministry. For this reason it is important that the health of milkers should receive particular attention. Any who are below par should consult their family doctors, and future visits of the mass miniature radiography unit might well be concentrated into areas suitable for cowmen to attend. The latter should be encouraged to take every opportunity to have a chest examination.

It is hoped, however, that tuberculosis acquired from milk will become much less frequent. Undulant Fever acquired by

drinking milk infected with Brucella Abortus will probably become a greater danger. Pasteurisation should kill this organism but tuberculin tested milk which is not pasteurised may contain it. The disease in human beings is long lasting and can be a great nuisance and in some cases dangerous, and it is therefore hoped that bulk sampling by the County Public Health Department will continue even after testing, for tuberculosis ceases when the area becomes an "Attested" one.

Cysticercosis Bovis is the larval stage in cattle of a tape worm which in mature form occurs in the bowel of man. Infected meat can be a possible source of danger to human beings, but there is in fact little evidence at present that much infection actually occurs. This is probably largely due to the thorough inspection of meat by the Public Health Inspectors. Ideally, of course, the deposition of crude sewage on pasture land for cattle should not take place as this may be the way in which they become infected. In practice, in rural areas where main drainage is not yet complete, the disposal of sewage is very difficult.

The Sanitary conditions of the District as described in Section 'C' by the Senior Public Health Inspector continue to improve. It is pleasing to note the progress made towards the provision of mains water supply to most parts of all the parishes within the rural district. On the other hand, it is unfortunate that little progress was made towards the provision of further sewerage. The summer time collections of refuse again increased and provided a heavy task for the staff, particularly from the coastal parishes and the Broads. Public conveniences are urgently required in many areas and progress in their provision is described in the Public Health Inspector's report. He deals also in Section 'D' with housing, again a vital problem for the district.

Much work has been carried out during the year to enforce the provisions of the Food Hygiene Regulations, which are aimed at improving the hygiene of food establishments by the provision of better washing facilities, etc. Some details are given in Section 'C'.

14 cases of food poisoning were notified and details of their investigation are given in Section 'F'. A number of cases of Diarrhoea and Vomiting were brought to my notice during the summer in establishments in the coastal region, but investigation of specimens revealed no known food poisoning germs. It is possible that some of these cases were due to a virus infection, but as viruses cannot be identified by ordinary laboratory methods it was impossible to be certain of the infective nature of these cases. Advice as to the hygiene of food handlers was given as this is the only sure method of preventing further cases. Our experience in this district seems to suggest that these non-specific cases are becoming more of a problem than recognised food poisoning.

The care of the handicapped, including mentally handicapped within the community continues to require thought, care and time from voluntary workers as well as from those concerned with the Statutory provisions. Much can be achieved by devoted interest and again I would like to commend the work of the Norfolk Association for the Care of the Handicapped. The importance of registration both with the County Council and the Voluntary Association should be urged on all handicapped people as without registration the benefits available cannot be brought to their notice.

During the year it was not necessary to take action under Section 47 of the National Assistance Act in this District. One is naturally reluctant to use compulsion to get an old person into a home or hospital even when there is no doubt of the necessity for their admission. However, I would hesitate to say that it should never be used. My experience in other districts and my reading of the literature has persuaded me that on occasion it is the best step and seen as such by the elderly person concerned at a later date.

The annual increasing number of boats using the Broads and the disposal of sewage from them into the water was mentioned in the last report. Bacteriological examination of the water at regular intervals presents problems, but it is hoped that a "bacteriological map" will eventually be produced showing the conditions of the water at various times and in various places.

Every district in the country has its problem families, and on them are spent much time and work by many agencies. They produce at times even some acrimony, because there is a natural tendency to feel that as they are the less reputable of the families in a neighbourhood, they should receive no priority over the hard working majority. Without constant attention, however, and many a "leg up" their condition will inevitably deteriorate, and often better housing is essential as a first step in their rehabilitation, although a reluctance to grant this is understandable.

In Norfolk, the County Children's Officer has been appointed the Co-ordinating Officer to deal with these cases and takes the Chair at Problem Families Conferences. Case Conferences instituted in 1957 are held twice yearly in Area 1. At these meetings all difficulties associated with local problem families are discussed and decisions made regarding action to be taken in each case. The following departments and agencies are represented at these Conferences:—

Children's Department .. Public Health Department (A.C.M.O's., Welfare Officers, Health Visitors, Home Help Organiser.)
Education Department .. Social Services Department.
Probation Services .. Representatives from District Councils.
N.S.P.C.C... .. .. Norfolk Diocesan Council for Moral Welfare.
National Assistance Board.

The main task of the doctors in the Health Departments throughout 1958 was to carry out large numbers of poliomyelitis innoculations, and the administrative staff have had a very difficult time keeping pace with the demand for them. The uncertainty and irregularity of supplies—particularly supplies of British Vaccine—extension of the age groups eligible for vaccination, and the offer of choice between American and British brands added to the administrative difficulties. During the year a total of more than 8½ thousand people, including more than 8 thousand children, were innoculated against poliomyelitis in Area No. 1. Approximately 75 per cent. of the children eligible for vaccination accepted the offer.

School children were innoculated by Medical Officers of the Health Department and General Practitioners also assisted with the innoculations for pre-school children and expectant mothers. They were very co-operative in working at sessions arranged for them either at their surgeries or on County Council premises.

Since the inception of the campaign in 1956, 11 thousand innoculations had been carried out in Area 1 by the end of 1958. Details are given in the table in the body of the report.

The majority of innoculations carried out during the year have been for poliomyelitis, but another danger has now been identified, particularly in East Anglia. This is the possibility of Tetanus which may follow injury, the injury sometimes being so trivial as to be disregarded. Fortunately, active immunisation against the disease can now be carried out and this is preferable to the injection of serum following an injury, as serum gives merely temporary passive protection and is not itself without danger. Active immunity can be produced by 3 injections. The first and second at an interval of 3 to 12 weeks with the third after 2 to 12 months. This gives immunity for 5 years. Further protection can be given, if necessary, by another injection in the event of injury. If it is over 5 years since the last booster, a dose of serum (A.T.S.) is necessary while permanent immunity is being established.

During the winter months it is fortunately possible to combine the injections against tetanus with those against diphtheria and whooping cough in the "triple reagent," thus cutting down the number of injections which a baby requires in its first year of life.

In conclusion, I wish to thank the Chairman and Members of the Health Committee for their continued support, and the Clerk, Senior Public Health Inspector and members of the Public Health Department for their efficient help which have continued during this year as in previous ones.

I have the honour to remain, Ladies and Gentlemen,

Your obedient Servant,

G. R. HOLTBY,

22nd September, 1959. *Medical Officer of Health.*

SECTION A.
NATURAL AND SOCIAL CONDITIONS.

Area—(in acres) 70,017. The administrative centre of the area is at Stalham, with a surrounding district which is entirely rural in character, with Agriculture and Dairy Farming as the main industry. The district includes a large area of the Broads, 13 miles of coastline and many historical villages which attract many thousands of visitors during the holiday season.

Population. The Registrar-General has estimated the population for the mid-year 1958 as 18,110, giving a population density of .26 per acre.

Number of Inhabited Houses. According to the Rate Book, the number of Inhabited Houses in the district is 6,630, the Rateable Value being £155,734. The sum represented by a Penny Rate is £634 3s. 9d.

SUMMARY OF VITAL STATISTICS

Area in acres	70,017
Population (Registrar-General's mid-June estimate ..	18,110
No. of Inhabited Houses according to Rate Book ..	6,630
Rateable Value	£155,734
Sum represented by a Penny Rate	£634 3s. 9d.

	Smallburgh R.D.C.	*England and Wales*
Live Births	235	
Live Birth rate per 1,000 population ...	14·92 (corrected)	16·4
Still-Births	2	
Still-Births rate per 1,000 live and still-births	8·44	21·6
Total live and still-births	237	
Infant deaths	7	
Infant mortality rate per 1,000 live births—		
Total	29·8	22·6
Infant mortality rate per 1,000 live births—		
legitimate	22·7	
Infant mortality rate per 1,000 live births—		
illegitimate	133·3	
Neo Natal mortality rate per 1,000 live		
births (first four weeks)	21·27	16·2
Illegitimate live births per cent of total live		
births	6·3%	
Maternal deaths (including abortion) ...	Nil	
Maternal mortality rate per 1,000 live and		
still-births	0·00	
Deaths from Special Diseases—		
Measles (all ages)		—
Whooping Cough (all ages)		—
Enteritis (under 2 years of age)		—
Cancer (all ages)		31
Tuberculosis (all ages)		2

Birth Rate, Death Rate, Analysis of Mortality and Case Rates Certain Diseases in the year 1958.

	England & Wales	*Smallburgh R.D.C. (crude)*
	Rates per 1,000 *population*	
Births—		
Live	16.4	12.98
Still	—	0.11
	21.6(*a*)	8.44(*a*)
Deaths—		
All causes	11.7	11.42
Whooping Cough	0.00	0.00
Diphtheria	0.00	0.00
Tuberculosis	0.10	0.11
Influenza	0.05	0.16
Acute Poliomyelitis (including Polioencephalitis)	0.00	0.00
Pneumonia	0.54	0.49
Coronary Disease	1.86	1.43
Malignant Neoplasm, Lung, Bronchus	0.44	0.17

	Smallburgh R.D.C.
	Rates per 1,000 *population*
Notifications (corrected)—	
Typhoid Fever	0.00
Paratyphoid Fever	0.00
Meningococcal Infection	0.00
Scarlet Fever	0.28
Whooping Cough	0.66
Diphtheria	0.00
Erysipelas	0.11
Smallpox	0.00
Measles	12.70
Pneumonia	0.49
Acute Poliomyelitis (including Polioencephalitis)	0.00
Food Poisoning	0.77
Puerperal Fever and Pyrexia	0.05
Dysentery	0.00

(*a*) Per 1,000 Total (Live and Still) Births.

Individual Causes of Death.

	Male	*Female*
Tuberculosis—respiratory	1	–
Tuberculosis—other	–	1
Syphilitic disease	–	–
Diphtheria	–	–
Whooping Cough	–	–
Meningococcal infections	–	–
Acute poliomyelitis	–	–
Measles	–	–
Other infective and parasitic diseases	–	–
Malignant neoplasms of stomach	3	4
Malignant neoplasm, lung, bronchus	2	1
Malignant neoplasm of breast	–	2
Malignant neoplasm of uterus	–	2
Other malignant and lymphatic neoplasms	10	6
Leukaemia, aleukaemia	–	1
Diabetes	1	–
Vascular lesions of nervous system	18	20
Coronary disease—angina	16	10
Hypertension with heart disease	8	4
Other heart diseases	17	17
Other circulatory diseases	5	7
Influenza	2	1
Pneumonia	2	7
Bronchitis	3	1
Other disease of respiratory system	2	–
Ulcer of stomach and duodenum	1	1
Gastritis, enteritis and diarrhoea	–	1
Nephritis and nephrosis	2	–
Hyperplasia of prostate	4	–
Pregnancy, childbirth and abortion	–	–
Congenital malformation	–	2
Other defined and ill-defined diseases	11	4
Motor vehicle accidents	2	–
All other accidents	5	–
Suicide	–	–
Homicide and operations of war	–	–
All causes	115	92

Vital Statistics of the District for 1958 and previous Years.
Comparative Table with England and Wales for past 10 years.

Year	*Live Birth Rate per 1,000 population*		*Death Rate per 1,000 population*		*Infant Mortality Rate per 1,000 Live Births*	
	England & Wales	*Smallburgh R.D.C. (crude)*	*England & Wales*	*Smallburgh R.D.C. (crude)*	*England & Wales*	*Smallburgh R.D.C.*
1949	16.7	17.9	11.7	14.56	32.0	39.7
1950	15.8	15.2	11.6	12.88	29.8	15.4
1951	15.5	15.1	12.5	12.8	29.4	32.1
1952	15.3	13.92	11.3	10.73	27.6	55.3*
1953	15.5	12.85	11.4	9.87	26.8	21.46
1954	15.2	14.12	11.3	9.80	25.5	19.38
1955	15.0	11.98	11.7	11.04	24.9	13.8
1956	15.6	11.51	11.7	9.62	23.8	14.5
1957	16.1	12.96	11.5	9.76	23.1	34.0
1958	16.4	12.98	11.7	11.42	22.6	29.8

* Exactly half of this figure was due to Prematurity.

SECTION B.

GENERAL PROVISIONS OF THE HEALTH SERVICES.

NATIONAL HEALTH SERVICE ACT, 1946.

Smallburgh Rural District is included with North Walsham Urban District and Blofield and Flegg Rural District to form No. 1 Area of the Norfolk County Council under the National Health Service Act for the purpose of carrying out duties for which the County Health Authority has accepted responsibility. The duties include Care of Mothers and Young Children, Midwifery Service, Health Visiting Service, Home Nursing Service, Ambulance Service, Vaccination and Immunisation, Prevention of Illness, Care and After-Care, Domestic Health Service and Mental Health Service. Some of these services, along with the School Service in the area, are the responsibility of the Area Medical Officer, who also acts as Medical Officer of Health of the three County Districts comprising Area No. 1 referred to above.

There are two Health Visitors and seven District Nurses with Centres established at the following places :—

Infant Welfare Centres.

Catfield	Village Hall ..	3rd Thursday each month.
Felmingham ..	Village Hall ..	Last Tuesday ,, ,,
Hickling	Village Hall ..	1st Wednesday ,, ,,
Horning	Village Hall ..	3rd Monday ,, ,,
Hoveton ..	Village Hall ..	3rd Wednesday alternate months
Stalham	Church Room	3rd Wednesday each month
Worstead ..	Village Hall ..	1st Friday ,, ,,

Voluntary Weighing Centres.

Bacton	The Hall ..	2nd Friday ,, ,,
East Ruston ..	The Hall ..	2nd Thursday ,, ,,
Happisburgh ..	The Hall ..	2nd Tuesday ,, ,,
Scottow	R.A.F., Coltishall ..	1st Monday ,, ,,

A Doctor attends all Clinics where there is an attendance of 25 or over.

Other Treatment Centres.

A Centre is established at Stalham Secondary Modern School for :—

Dental Clinic	2 Sessions weekly.
Speech Clinic	1 ,, weekly.

General Welfare.

A Welfare Officer with established offices at Stalham and North Walsham, has maintained contact with the general public throughout the year.

Local village Old People's Welfare Committees have organised Old People's Clubs at Potter Heigham, Hickling, Bacton, Worstead, Swanton Abbot, Stalham, Felmingham, Sea Palling, Ludham, Horning, Hoveton, Smallburgh and Dilham and these prove a useful medium by which the Welfare Officer can maintain contact with the aged residents of each village. The Welfare Officer is anxious to see such Clubs established in all the villages in the area and he is only too willing to give assistance to this end.

Contact has been regularly maintained during the year with the Smallburgh Rural District Council Officers and especially with the Clerk, Public Health Inspector and Rent Collector. By working together it has often been possible to effect very satisfactory results, especially with threatened eviction cases. It has not been necessary to provide residential accommodation under Part III of the National Assistance Act for evicted families during the year.

The average number of cases assisted each week under the Norfolk County Council's Home Help Scheme was 11 and other cases have been given domestic assistance by arrangement with the National Assistance Board. The number of persons admitted to Chronic Sick Hospitals and County Homes was 30. The Welfare Officer is also the Duly Authorised Officer under the Lunacy Acts and the Mental Deficiency Acts and in this capacity he has made numerous domiciliary visits to mental defectives living in the community and to patients discharged from, or on leave from, mental hospitals.

Ambulance Service.

This service is operated by the St. John Ambulance Brigade and British Red Cross Society as Agents of the County Council.

Vaccination and Immunisation.

This service is also the responsibility of the County Health Authority and is carried out by General Practitioners and by Assistant County Medical Officers.

Laboratory Facilities.

Facilities for Laboratory investigation are to be had at the Public Health Laboratory, Bowthorpe Road, Norwich, who are the suppliers of lymph for vaccination.

National Assistance (1948) Act, Section 47. (Removal to suitable premises of persons in need of care and attention).

No action was necessary during the year.

SECTION C.

SANITARY CONDITIONS OF THE DISTRICT.

(Contributed by the Senior Public Health Inspector).

Water Supply.

Very good progress was made during 1958 towards the Council's ultimate goal of providing mains water supply to most parts of all the parishes within the Rural District. This movement forward was particularly pleasing as it followed so closely the decisions of the previous year to temporarily shelve all proposals of a major kind for further mains extensions contracts until the financial position had improved.

By early summer the tappings contracts for the Area A Stage I scheme were completed and in July work on the mains extensions in Stage II commenced. At the end of the year the Trunch, Swafield, Horsey and Ingham sections had been laid and chlorinated and the tappings contracts prepared for the whole of these extensions schemes. Other small extensions of mains at Potter Heigham, Worstead and Ludham were completed or in hand at the 31st December. During 1958, 606 properties in the Council's statutory area of supply had connections made to the mains which at the rate of two per working day is very good progress and gave the staff some not inconsiderable amount of supervisory and recording work.

Towards the end of the year, after further consideration of the position, approval in principle was given to major extensions for the parishes of Barton Turf, Felmingham, Skeyton, Westwick and Eccles, with numerous minor extensions in a great many of the other parishes including Ludham and Worstead. It is hoped that these extensions will not be long delayed, for when completed the Rural District will be very well covered by mains and only the properties at present very costly to serve will be without a public water supply. Negotiations were in progress in connection with the Worstead extension for the giving of a supply from East Ruston to part of the Urban District of North Walsham.

The details of the sources of public supply in the Rural District are as given in the Report for 1957. These sources proved quite satisfactory during the year with the exception of the Ludham supply to Hickling where the deposits of iron in the mains from the water still gave considerable trouble. Aeration at the headworks improved but did not wholly cure the trouble and a contract has now been let for the installation of a de-ironing plant at the headworks.

Bulk supplies of water were again taken during the year from the Norwich City mains for the parishes of Dilham, Swanton Abbott and Worstead and a supply at Potter Heigham Bridge from the Smallburgh mains was given to the Blofield and Flegg Rural District Council.

As in previous years the practice of adequately safeguarding the public was maintained, and all sources of mains water supply were during use sampled at least once each week for bacteriological examination. Check samples for chemical examination were also taken.

I give below the results of the examination of the water samples taken from both public and private supplies and whereas only minor trouble on one occasion was found in the public supply the results from the private supplies still indicate that the position where no mains water is available is far from satisfactory.

The results of the 243 samples taken can be summarised as follows:—

	Chemical Examination		*Bacteriological Examination*	
Result.	*Private Supply*	*Public Supply*	*Private Supply*	*Public Supply*
Satisfactory ..	1	5	35	164
Unsatisfactory ..	1	–	36	1

At the 31st December there were approximately 125 miles of main in use in the Rural District, 30 miles being in the Norwich Statutory area and 95 miles in the remainder of the district.

In giving consideration to the information contained in the following table about the properties supplied with mains water at the 31st December, 1958, it should be noted that none of the parishes is completely covered by mains and in consequence many of the properties off route cannot take a public supply. Also many of the larger properties, although close to the mains, have their own deep bores and consequently have no connection to the public supply. The estimated number of hereditaments in each parish also includes many properties which do not require a supply of water.

The information relating to the Norwich City Statutory area has been kindly supplied by the City Waterworks Engineer and Manager.

Parishes served	Estimated number of hereditaments	Estimated resident population.	Number of properties with supply. (not metered)	Number of properties served with standpipes.	Number of metered supplies.	Number of schools supplied.
NORWICH CITY STATUTORY AREA						
ASHMANHAUGH ..	54	150	21	—	2	1
HORNING	349	800	194	—	30	1
HOVETON	648	1460	405	—	33	2
NEATISHEAD	192	460	84	—	5	1
SCOTTOW	220	1350	155	9	5	
SLOLEY	71	220	28	—	3	1
SMALLBURGH	143	410	62	—	9	1
TUNSTEAD	162	500	84	—	18	1
BULK SUPPLY AREAS						
DILHAM	114	330	48	—	3	1
SWANTON ABBOT ..	135	340	83	—	12	—
WORSTEAD	281	740	111	—	8	1
CATFIELD SUPPLY AREA						
CATFIELD	238	680	134	—	30	1
HICKLING	305	800	189	—	23	1
LUDHAM	355	990	158	6	17	1
POTTER HEIGHAM ..	296	690	110	80	17	1
STALHAM..	515	1230	395	14	30	2
SUTTON	162	470	76	—	15	1
EAST RUSTON SUPPLY AREA						
BACTON	516	860	159	—	13	2
EAST RUSTON	190	490	94	—	14	—
HAPPISBURGH	463	920	284	—	24	1
HORSEY	43	180	1	—	—	—
INGHAM	134	390	99	—	15	1
KNAPTON	105	290	28	—	3	—
LESSINGHAM	239	290	37	—	12	—
PASTON	106	300	49	—	4	—
SEA PALLING	252	480	149	1*	19	1
TRUNCH	141	370	57	—	5	—
WITTON	140	320	47	—	4	—
PARISH SCHEME						
HONING	123	330	37	—	3	1

* Public Drinking Fountain. Building and temporary supplies are excluded from the above figures.

Sewerage.

Little progress was made during 1958 towards the provision of further sewerage for the district. Stalham and a small part of Sutton still remain the only parts of the Rural District with a public scheme although there are in addition 21 smaller plants serving Council houses in various parishes of the district. The position at Hoveton is very unsatisfactory, not much better at Horning and some of the broads and coastal parishes and inland villages are presenting problems of sewage disposal now that the mains water supply has been made available.

The contract for the sewerage of part of the village of Swanton Abbott was finally let late in the year and should be completed before the end of 1959.

Collection and Disposal of Refuse.

The scheme for the collection and disposal of refuse, nightsoil and cesspool contents continued on the same lines as detailed in the Report for 1957. The summer time collections of refuse again increased and your staff were under some difficulty at times to maintain complete collections, particularly from the coastal parishes and the broads where many collecting points for bulk refuse required much more attention.

I give below details of the cesspool emptying carried out during 1958 and it will be noted that approximately 2½ million gallons of liquid were removed in 2,537 loads from cesspools in all parts of the district. These figures are again a record and to cope with the demands on the service overtime had frequently to be worked to keep up-to-date with the requirements of the property owners.

The labour strength of 14 men with a holiday relief loader for the summer period remain the same as in recent years. A new 12 cu. yds. refuse collection vehicle was purchased during the year and this, being an increase in size on the vehicle scrapped, did enable additional collections to be made without as many journeys to and from the tip.

It was agreed in December that the old 700 gallon cesspool emptier should be replaced by a diesel driven vehicle of 1,000 gallon capacity in the new financial year.

Details of the vehicles in use during 1958 are as follows:—
1, 1,000 gallon cesspool emptier with nightsoil attachment (diesel).
1, 700 gallon cesspool emptier with nightsoil attachment (petrol).
1, 12 cubic yard refuse collection vehicle (diesel).
4, 10 cubic yard refuse collection vehicles (petrol).
1, 7 cubic yard refuse collection vehicle (petrol) (emergency use only).
1, 10 cubic yard refuse trailer.
1, Fordson Major tractor (diesel).

8,406 gallons of petrol and diesel oil were used by the Council's vehicles during the year in travelling 60,234 miles in the collection, pumping and disposal of all types of refuse.

	No. of Cesspools Emptied	*No. of Loads Removed*	*No. of Loads Chargeable*
Private	853 (646)	1,061 (805)	654 (245)
Council	582 (560)	1,476 (1,381)	1,377 (1,301)
Total	1,435 (1,206)	2,537 (2,186)	2,031 (1,546)

Public Conveniences.

(a) **Hoveton.**

These conveniences taken over from Messrs. Roys early in 1957 continued to serve a very useful purpose and the takings for the twelve months ending 31st December, 1958, amounted to £166 4s. 0d. Again it is necessary for me to report that unfortunately, as with the majority of public properties not controlled by an attendant, wilful damage of a minor nature did occur at the conveniences from time to time.

(b) **Bacton.**

In July work was commenced on the erection of a new block of public conveniences in this parish but unfortunately late in September the contractor engaged for this work was declared bankrupt and it was necessary to engage a new contractor to complete the outstanding work.

(c) **Walcott.**

By agreement with the owner of the Post Office Stores at Walcott, negotiations were well in hand towards the end of the year for the puchase of a plot of land for the erection of public conveniences in this area and the Bill of Quantities was in course of preparation at the 31st December.

(d) **Remainder of District.**

The lack of public conveniences in some of the other coastal and broads parishes does cause some inconvenience to visitors during the summer months even though there is an arrangement with the majority of Brewery Company's and Licensees for the use of the conveniences at their public houses. It is hoped that in due course public conveniences will be erected in certain other parishes in the area during the course of the next few years.

Complaints and Nuisances.

63 of the 130 complaints received during the year were found to be justified and appropriate action was taken to secure abatement of the unsatisfactory conditions found. Numerous complaints not the concern of the Smallburgh Council were passed on to the appropriate bodies and authorities.

PREVENTION OF DAMAGE BY PESTS ACT, 1949.

The full-time rat catcher employed by the Council and using the most up-to-date methods of poisoning advised by the Ministry of Agriculture, Fisheries and Food did in addition to dealing with complaints of rat, and mice infestation, carry out routine inspections of dwelling-houses, shops, factories and agricultural holdings and also visited the Council's refuse tips and sewage disposal works to give periodic treatments there.

Details of the year's work are as follows:—

Number of properties inspected during the year	2,701
Number of properties found to be infested	967
Number of pre-baits laid	28,948
Number of poison baits laid	11,641
Total number of visits by the operator	5,703

Payments made to the Local Authority for the services of the operative at business properties £19 14s. 6d.

THE CONTROL OF CAMPING AND OF MOVEABLE DWELLINGS.

During the year under review 281 visits were made to 26 sites licensed for the use of 395 moveable dwellings and to 57 plots licensed for single caravans. No complaints of a major nature were received and the conditions found were generally quite satisfactory. The figures given show an increase on previous years and it would seem that this ever growing popular means of providing relaxation and holiday accommodation has not yet reached saturation point.

STORAGE OF PETROLEUM SPIRIT.

There were 150 premises storing 93,221 gallons of petrol in the district during 1958 for which £87 5s. 0d. was received by way of fees. 356 visits were made to these premises during the year for the purposes of bringing up-to-date the storage accommodation in accordance with the memorandum issued by the Home Office a year or two ago.

SECTION D.
HOUSING.

(Contributed by the Senior Public Health Inspector).

At the 31st December, 1958, there were only 28 properties still awaiting representation under the council's five year programme for the closure and demolition of unfit dwellings. Of the properties dealt with at the end of the year 66 were the subject of Undertakings, 63 Closing Orders and 89 Demolition Orders. 80 of these properties were still occupied, many by aged persons who do not wish to move to new housing accommodation. The condition under which some of these families are living is very bad, many dangerous, and early re-housing is urgently required. 108 properties have been demolished or reconditioned since the commencement of the programme.

It is hoped that the new Housing Act will provide some incentive to landlords for the re-conditioning of rented properties and thus prevent the further deterioration of many houses which are now becoming border-line cases. During 1958, under the present Improvment Grant sections of the Housing Act, 42 applications were submitted for grant aid and 39 received the approval of the Council for works costing £22,540, with grants of 50 per cent in each case not exceeding £400 to a total sum of £10,560.

Three applications for Certificates of Disrepair were received and granted and two cancelled during the year.

A summary of the year's work relating to unfit properties is as follows:—

(1) Inspection of Dwelling-houses during the year.

1.	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	114
	(b)	Number of inspections made for the purpose ..	571
2.	(a)	Number of dwelling-houses (included under sub-head 1 above) which were inspected and recorded under the Housing Regulations	20
	(b)	Number of inspections made for the purpose ..	47
3.		Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	20
4.		Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be fit in all respects for human habitation.. ..	90

(2) Remedy of Defects during the year without service of Formal Notice.

Number of defective dwelling-houses rendered fit in consequence of informal action by the local authority or their officers 79

(3) Action under statutory powers during the year.

A. Proceedings under Sections 9, 16 and 24 of the Housing Act, 1957.

1. Number of dwelling-houses in respect of which notices were served requiring repairs 2
2. Number of dwelling-houses which were rendered fit after service of formal notices—
   (a) By Owners 2
   (b) By local authority in default of Owners .. Nil

B. Proceedings under Public Health Acts.

1. Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. Nil
2. Number of dwelling-houses in which defects were remedied after service of formal notices—
   (a) By Owners .. .. Nil
   (b) By local authority in default of Owners .. Nil

C. Proceedings under Section 17 of the Housing Act, 1957.

1. Number of dwelling-houses in respect of which Demolition Orders were made 12
2. Number of dwelling-houses demolished 26
3. Number of written undertakings accepted .. 3
4. Closing Orders made under Section 17 (1) .. Nil
5. Closing Orders made under Section 17 (3) .. Nil
6. Number of dwelling-houses closed 10

D. Proceedings under Section 18 of the Housing Act, 1957.

1. Number of separate tenements or underground rooms in respect of which Closing Orders were made .. .. Nil
2. Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. Nil

E. Proceedings under Section 26 of the Housing Act, 1957.

1. Demolition Orders determined and Closing Orders substituted .. .. Nil

F. Proceedings under Section 42 of the Housing Act, 1957.

1. Number of houses in confirmed clearance areas demolished .. .. Nil

(4) Overcrowding—Part IV Housing Act, 1957.

No action was taken under this Part during the year.

Four new Council dwellings were completed and occupied during 1958, bringing the number of properties owned by the Council up to 1,361 as follows:—

1919 Assisted Scheme	48
1923 Acts	6
1924 Acts	412
1931 (Rural Authorities) Act	28
Slum Clearance	58
1936 Act (Overcrowding)	34
1938 Act (Overcrowding and Slum Clearance)	3
(Accommodation of members of aggregate population)	19
Not subsidised	83
1946 Act (a) Permanent	620
(b) Aluminium Bungalows	50
	1,361

SECTION E.

INSPECTION AND SUPERVISION OF FOOD.

(Contributed by the Senior Public Health Inspector).

Food Premises.

176 visits were made to various types of food premises in the district during 1958 and many improvements carried out as required by the Act and Regulations of 1955.

The food premises in use within the district during 1958, may be classified as follows:—

Bakeries	3
Butchers' Shops	14
Cafes and Restaurants ..	17
Fish Shops	7
Grocers and General Stores ..	108
Licensed Premises	63

Milk Supply.

At the end of the year there were registered with the Rural District Council 32 distributors of milk of whom seven operated from premises outside the district. 25 of these distributors were licensed to sell Tuberculin Tested and Pasteurised and seven to sell Tuberculin Tested only.

District Councils have little part to play in milk supplies at the present time as the control of production rests with the Ministry of Agriculture, Fisheries and Food.

One Stop Notice was placed on a supply of milk within the district during 1958.

Ice Cream.

57 visits in all were made to the 62 premises registered for the storage and sale of ice cream, all of which is prepacked and received from reputable manufacturers. Only one premises is registered for the manufacture of this type of food.

Preserved Foods.

37 visits in all were made to the 16 premises registered for the preparation and manufacture of preserved food under the provisions of the Food and Drugs Act, 1955.

Meat and Food Inspection.

(a) Slaughter Houses.

Only four of the six licensed slaughterhouses within the district were in regular use during 1958 and it is gratifying to be able to report that even though there was an increase in the number of animals killed by 4,000 to 15,014 with 976 visits it was possible to achieve the 100 per cent. inspection required. To obtain this standard it was necessary for a considerable number of inspections to take place outside normal office hours with many late at night and on Sundays. The appointment of an additional Public Health Inspector in April considerably eased the burden in respect of this work as far as the remainder of the staff were concerned.

Once again I am able to report that the quality of meat passing through the slaughterhouses was of very high standard and only 7 tons 18 cwts. 59 lbs. of meat and offals were found to be unfit for human consumption. Details of the inspections made are given in the summary which follows.

No difficulty was experienced with the disposal of unsound meat and offals as a reputable firm from another district made regular visits to the slaughterhouses and collected the condemned material for processing and manufacture into animal foods and fertilizers. The small amount of condemned meat and offals from the smaller slaughterhouses was collected and buried on one or other of the Council's refuse tips.

At 31st December, 1958, there were 18 slaughtermen licensed by the Smallburgh Rural District Council.

Carcases and Offal Inspected and Condemned in whole or in part.

	Cattle (excluding Cows)	*Cows*	*Calves*	*Sheep and Lambs*	*Pigs*	*Horses*
Number killed (if known)	3943	633	8	1605	8834	—
Number Inspected	3943	633	8	1605	8834	—
All Diseases except Tuberculosis and Cysticerci.						
Whole carcases condemned	—	—	—	—	2	—
Carcases of which some part or organ was condemned	594	99	—	15	199	—
Percentage of number inspected affected with diseases other than Tuberculosis and Cysticerci	15.06%	15.64%	—	0.93%	2.28%	—
Tuberculosis only :						
Whole carcases condemned	—	—	—	—	1	—
Carcases of which some part or organ was condemned	228	43	—	—	74	—
Percentage of number inspected affected with Tuberculosis	5.78%	6.79%	—	—	0.85%	—
Cysticercosis						
Carcases of which some part or organ was condemned	15	—	—	—	—	—
Carcases submitted to treatment by refrigeration	14	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

(*b*) Other Foods.

No large stocks of other foods were found unfit for human consumption during the year, and the 175 cans of various types declared unsatisfactory were buried on one or other of the Council's refuse tips.

SECTION F.

PREVENTION OF AND CONTROL OF INFECTIOUS DISEASE AND OTHER DISEASES.

Notifications (Corrected).

	No.		*No.*
Scarlet Fever	5	Dysentery	Nil
Whooping Cough	12	Erysipelas	2
Measles	230	Food Poisoning ..	14
Acute Pneumonia ..	9	Acute Poliomyelitis ..	Nil
		Puerperal Pyrexia ..	1

DIPHTHERIA IMMUNISATION.

The following is the number of primary immunisations and booster injections given during the last five years in respect of Area 1.

Year	Primary Injections				Booster Injections		Totals
	Under 1	%	Age 1–4	Age 5–14	Under 5	Age 5–14	
1958	305	44	61	9	53	55	483
1957	312	45	118	86	63	543	1,122
1956	390	59	132	193	44	667	1,426
1955	321	51	176	151	33	573	1,254
1954	258	38	93	383	56	2075	2,865

VACCINATION AGAINST SMALLPOX.

Vaccination of children (under 5 years of age) during the last five years in Area No. 1.

	1954	1955	1956	1957	1958
No. of live births registered...	682	631	662	685	694
No. of vaccinations recorded (0–4) years	328	311	421	445	449
Percentage vaccinated ...	48%	49%	64%	65%	65%

VACCINATION AGAINST POLIOMYELITIS.

The following is the number of primary immunisation and booster injections given in Area No. 1 since the introduction of the scheme in 1956.

Year	Primary		Booster	Totals
	Children born 1943–58	Adults	Children born 1943–58	
1958	6,665	225	1,707	8,597
1957	1,166	—	—	1,166
1956	167	—	—	167

TUBERCULOSIS.

The following are the Mortality Rates :—

Pulmonary Tuberculosis Mortality Rate 0.05 per 1,000 pop.

Non-pulmonary „ „ „ 0.05 „

Number of Cases of Tuberculosis on Register at 31st December, 1958, and December, 1957.

	Pulmonary		*Non-Pulmonary*		*Total*	
	Males	*Fem.*	*Males*	*Fem.*	*Males*	*Fem.*
31st December, 1957	31	35	18	18	49	53
31st December, 1958	30	36	19	19	49	55

Comparative Figures for the Notification of Tuberculosis.

PULMONARY TUBERCULOSIS.

Notifications.

Ages	1958		1957		1956	
	Males	*Fem.*	*Males*	*Fem.*	*Males*	*Fem.*
0– 1 year	–	–	–	–	–	–
1– 5 years	–	–	–	–	–	–
5–10 ,, ...	1	–	–	–	–	–
10–15 ,, ...	–	–	–	–	–	–
15–20 ,, ...	–	1	1	1	–	–
20–25 ,, ...	–	–	–	–	1	–
25–35 ,, ...	2	–	–	–	–	–
35–45 ,, ...	–	–	–	–	–	–
45–65 ,, ...	1	–	–	–	1	–
Over 65 years ..	–	–	–	–	–	–
Totals ..	4	1	1	1	2	–

NON-PULMONARY TUBERCULOSIS.

Notifications.

Ages	1958		1957		1956	
	Males	*Fem.*	*Males*	*Fem.*	*Males*	*Fem.*
0– 1 year	–	–	–	–	–	–
1– 5 years	–	–	–	–	–	–
5–10 ,, ...	–	–	–	–	1	–
10–15 ,, ...	–	–	–	–	–	–
15–20 ,, ...	–	–	–	–	–	1
20–25 ,, ...	–	1	–	–	–	–
25–35 ,, ...	–	–	–	1	–	–
35–45 ,, ...	–	–	–	–	–	–
45–65 ,, ...	–	1	–	–	–	–
Over 65 years ..	–	–	–	–	–	–
Totals ..	–	2	–	1	1	1

INFECTIOUS DISEASES.

Measles.

Measles again headed the list of notified infectious diseases with 230 cases.

The Chief Medical Officer to the Ministry of Health has written that it is often said that notification of measles has long served its purpose as a war time measure of the health of children, and that the relevant regulations should be revoked. On the other hand, measles is a virus disease devoid in the main of grave consequences, liberally distributed and reasonably well notified, affording the Medical Officer of Health ample opportunity for epidemiological studies which may, in turn, throw light on other virus diseases characterised by droplet spread. Work in the United States of America suggests that ultimately it should be possible to develop a suitable measles vaccine.

In this country, careful scrutiny of notifications in one county borough has thrown doubt on the customary view that epidemics of measles recur biennially, or as some regard it, in biphasic form with major and minor phase in alternate years. The alternative theory is that measles may be more correctly considered as endemic, with notifications occurring in irregular waves throughout the years.

Our own figures are, of course, very small compared with those of the big cities, but our records go back to 1940 when measles first became generally notifiable, and it may be of interest to tabulate them and consider whether any conclusions can be drawn from them. It should be borne in mind that the cycle of measles does not coincide with the calendar year, the low water mark being in early autumn, the numbers rising during December very often and reaching their maximum during March or April.

1940 ..	19	1949 ..	327
1941 ..	278	1950 ..	361
1942 ..	3	1951 ..	94
1943 ..	179	1952 ..	317
1944 ..	330	1953 ..	53
1945 ..	113	1954 ..	370
1946 ..	173	1955 ..	38
1947 ..	132	1956 ..	83
1948 ..	215	1957 ..	362
		1958 ..	230

Food Poisoning.

14 cases were notified compared with 6 last year. These 14 cases were made up of 4 cases of salmonella typhimurium, 9 of staphylococcal food poisoning, and one agent unidentified. The

last, and one case of salmonella typhimurium were in visitors to the district. The other three cases of salmonella typhimurium were in one family with no extension, as far as is known, to any other families.

The staphylococcus outbreak occurred in persons who had eaten canned ham from a small shop in the area. The hygiene of this establishment was good, but the proprietor had an infected cut on his hand and the evidence from specimens taken from this cut and nose and throat swabs from the family in the shop and from specimens from sufferers, suggested that the cut was responsible. The outbreak cleared up rapidly.

Whooping Cough.

12 cases were notified compared with 56 last year. Immunisation against the disease is now becoming much commoner and it is to be hoped that serious cases will become a rarity.

Pneumonia.

9 cases were notified compared with 18 last year.

Tuberculosis.

7 cases were notified—5 pulmonary and 2 non-pulmonary. This is an increase on last year when there were 2 pulmonary and 1 non-pulmonary.

Scarlet Fever.

5 cases were notified compared with 9 last year.

Erysipelas.

There were 2 cases notified.

Puerperal Pyrexia.

1 case was notified.

Poliomyelitis.

There were no cases notified. This was very welcome as in the previous year there were 3 paralytic cases, all in visitors to the district.

Evidence submitted to the Medical Research Council has suggested that the vaccines now in use give a protective rate of 80 per cent., which is a high percentage and seems to prove the value of the vaccine.

FACTORIES ACTS, 1937 AND 1948.

PART I OF THE ACT.

1.—Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises	*M/c. line No.*	*Number on Register*	*Number of*			*M/c line No.*
			Inspections	*Written notices*	*Occupiers prosecuted*	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	75	—	3	—	1
(*ii*) Factories not included in (*i*) in which Section 7 is enforced by the Local Authority	2	21	—	3	—	2
(*iii*) Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	3	15	—	—	—	3
Total		111	—	6	—	

2.—Cases in which **Defects** were found—

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more " cases ").

Particulars	*M/c line No.*	*Number of cases in which defects were found*				*Number of cases in which prosecutions were instituted*	*M/c line No.*
		Found	*Remedied*	*Referred*			
				To H.M. Inspector	*By H.M. Inspector*		
Want of cleanliness (S.1)	4	3	—	—	—	—	4
Overcrowding (S.2) ..	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)							
(*a*) Insufficient	9	—	—	—	—	—	9
(*b*) Unsuitable or defective	10	2	1	—	—	—	10
(*c*) Not separate for sexes	11	—	—	—	—	—	11
Other offences against the Act (not including Offences relating to Outwork)	12	1	—	—	—	—	12
Total ..	60	6	1	—	—	—	60